

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016906

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 18

STATE FILE NUMBER

FILED MAY 8 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0722

2 0722

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Portageville</u>		Length of stay in 1b	c. CITY OR TOWN <u>Portageville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Main Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Percy</u> Middle <u>Morton</u> Last <u>Hollowell</u>			4. DATE OF DEATH Month <u>April</u> Day <u>24</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/20/1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	9. AGE (last birthday) <u>60</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11. BIRTHPLACE (City and state or country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Washington Irving Hollowell</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria</u>	
14. NAME OF HUSBAND OR WIFE <u>Vera McElyes Hollowell</u>		17. INFORMANT Address <u>Mrs. Vera Hollowell Portageville, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>13 month</u>
DUE TO (b) <u>Old posterior Myocardial Infarction</u>			
DUE TO (c) <u>A.S.H.D.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Moderate Obesity</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> s.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Nov 1958</u> to <u>April 1963</u> and last saw <u>him</u> alive on <u>24 April 1963</u> Death occurred at <u>10:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Andrew E. Painter M.D.</u>		22b. ADDRESS <u>Portageville Mo.</u>	22c. DATE SIGNED <u>29 April 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/26/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	23d. LOCATION (City, town, or county) <u>Portageville Missouri</u>
24. FUNERAL DIRECTOR <u>Delisle Funeral Home Portageville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/29/1963</u>	26. REGISTRAR'S SIGNATURE <u>Ellen D. Milam</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.